# Best Practices at Scale
# in the Home, Community, and Facilities
# *for*
# Improved Family Planning, Maternal and Child Health, and Nutrition
## March 14, 2011

# Action Plan for USAID/Bangladesh
## 2011-2016
**March 14, 2011**

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# Action Plan for
# Improved Family Planning, Maternal, Newborn, and Child Health
# USAID/Bangladesh, 2011-2016

## EXECUTIVE SUMMARY

**Background:** Despite myriad health systems challenges and wide-spread poverty, Bangladesh has achieved impressive health successes with significant declines in fertility, and maternal and child mortality rates.

**BEST Action Plan, Nested and Linked:** The BEST Action Plan is nested within the recently developed United States Government (USG)/Bangladesh Global Health Initiative (GHI) strategy.[1] The goal of the strategy is to stabilize population and improve health and nutrition through the achievement of three Intermediate Results: (1) Increased use of effective family planning and reproductive health services; (2) Increased use of integrated essential population, health and nutrition services; and (3) Strengthened health systems and governance. The USG Results Framework is closely aligned with the Government of Bangladesh (GOB) Results Framework which is anchored by two key components: improving health services; and strengthening health systems. The development of the GHI strategy, the nested BEST action plan, and the GOB's national health strategy (Health and Population Sector Development Program) for 2011-2016 occurred over a full year of an iterative consultative process among hundreds of key stakeholders, including government, donors, implementing partners and civil society.

**Strategic Shifts in the USAID/Bangladesh Program:** In response to systems challenges and opportunities, USAID/Bangladesh anticipates a strategic shift in how it supports the GOB under the GHI. USAID has stepped up its engagement with the GOB to increase alignment of investments with the national health sector plan. This will include identifying options for financing elements of the sector program using host government systems in advancing "USAID Forward" new policy initiative and in support of harmonizing development assistance across donors in Bangladesh. USAID will leverage strategic partnerships with donors and the private sector; increase multi-sectoral linkages; reinforce key program priorities to achieve public health outcomes; and increase attention to sustainable systems strengthening at national and sub-district levels. This Action Plan also encompasses some of the new principles from USAID Forward which helps the Agency advance work. This will include revamping USAID's own procurement reforms including direct grants to indigenous institutions; utilizing host country systems in financial management, procurement, and monitoring and evaluation; joint (pooled) financing arrangements with others donors in line with the Paris Declaration; Global Alliances in health; innovation; and promoting science and technology to transform the sector.

[1] USG Bangladesh GHI Strategy approved February, 2011.

**Targeted Geographic Focus for Impact:** USAID will place highest priority on a targeted programming strategy to reach geographic regions and population groups with the greatest need, to include: the northeastern and southeastern parts of the country; coastal flood-prone areas; and urban slums. Since the Country Development Cooperation Strategy is still under development, the geographic focus is preliminary and may be revised to align with any CDCS decisions.

**Integrated High-Impact Interventions and Service Delivery Approaches**

*Family Planning:* Increase access to long acting permanent methods (LAPM); introduce inclusion of male methods; increase access to emergency contraception and progestin-only-pills; expand provision of injectables though social marketing; explore options of new products (Sino Implant and Standard Days Method); scale up postpartum family planning; encourage employer-based partnerships such as working with garment factories and port workers; increase attention to reproductive health and urban youth; and engage private sector providers, medical associations and networks. Major attention will also be given to promoting population as a development issue in mobilizing other key sectors to address Bangladesh's population crisis.

*Maternal Health:* Address the two main causes of maternal mortality - postpartum hemorrhage and eclampsia - by scaling up: active management of the third stage of labor (AMSTL); provision of misoprostol; provision of magnesium sulfate; and provider capacity to manage eclampsia. Continue support to improve: quality antenatal and postpartum care; clean and safe delivery; basic emergency obstetric care in district and sub-district health facilities; and increased presence of skilled birth attendants at home deliveries. Linkages will also be made to integrated family planning and reproductive health information and services during ante-natal and post-natal visits to promote birth spacing and planning subsequent births.

*Newborn Health:* Scale up essential newborn care, early postnatal home visits, resuscitation (Helping Babies Breathe program), infection management, and kangaroo mother care for low birth weight babies.

*Child Health:* Close the equity gap by targeting areas with limited access to child health services through community case management of acute respiratory infection management; social marketing to expand ORS and zinc coverage; national immunization campaigns; and systems strengthening for routine service delivery in primary care centers.

*Nutrition:* Maximize synergy with the Feed the Future Initiative and the Food for Peace program and work to break the "cycle of malnutrition" in Bangladesh which begins when an infant is still in the womb of a malnourished woman, then through its newborn, infancy, childhood, and adolescent years, and again during pregnancy, thus continuing the cycle of malnutrition. USAID would do this by supporting the Government's strategy to mainstream nutrition in multi-sectoral programs; targeting the critical 1,000 day window from pregnancy through the first two years; promoting nutrition counseling; and promoting exclusive breastfeeding and growth monitoring;

**Key Health Systems Improvement: From the Tip to the Base of the Pyramid:** USAID has made a strategic shift towards increased support for strengthening health systems at national, subnational, and community levels, placing special emphasis on strengthening and increasing the

functionality of primary health care from the tip of the pyramid (sub district or Upazila) to the base (community) of the pyramid.

**Opportunities for Collaboration/Leveraging:** Bangladesh will benefit from the implementation of Global Engagement and three Presidential Initiatives: GHI, Feed the Future, and Climate Change, all of which provide opportunities for integration and synergy in innovative ways. In addition, there are many Development Partners who actively collaborate and pool funding in one of the region's largest health sector programs to support the GOB in achieving its Millennium Development Goals (MDGs) by 2015.

**Monitoring and Evaluation, Research, and Innovation:** GOB's capacity to report information through periodic surveys and surveillance has been strengthened significantly through USG support. As a GHI-Plus country, USAID/Bangladesh anticipates enhancing its program-related operations research studies, supporting GOB in the development of a robust health information system as part of the GHI learning and innovations agenda.

**Resource Plan:** Under the new strategy for 2011-2016, USAID/Bangladesh anticipates a resource envelope of $429.5m[2]

[2] Assumes 2011: $77.3m and $86 m per year for FY 2012 through FY 2015

# ACTION PLAN

## Background

With a population of approximately 162 million, Bangladesh has one of the world's highest population densities. It is also one of the world's poorest nations, with GNI of $520 per capita in 2008. Approximately half of the population lives on less than US$1 a day. The Government of Bangladesh (GOB), United States Government (USG) and other Development Partner's commitment, efforts, and economic and social advances have resulted in impressive health successes in the last three decades.

Modern contraceptive use increased from six percent in 1993 to 48 percent in 2007, contributing to a decline in fertility from 6.3 to 2.7 children per woman. Mortality among children under age five declined from 250 to 65 deaths per 1,000 live births. Newborn mortality, at 37 per 1,000 live births in 2007, now accounts for 57 percent of deaths among children under-five. Bangladesh is on-track to achieve Millennium Development Goal (MDG) for the reduction in child mortality, but must address newborn mortality to sustain the decline in under-five mortality. Bangladesh has also experienced considerable decline (44 percent) in maternal mortality in the past 15 years, during which time the Maternal Mortality Rate (MMR) declined from 570 deaths per 100,000 live births in 1990 to 194 deaths per 100,000 live births in 2010.[3] This welcome news has signaled that Bangladesh is on track for possibly meeting its MDG 5 by 2015 with much more targeted efforts. This decline is attributed to success in fertility reduction, gains in female literacy and increased age at first childbearing.

Bangladesh has among the highest malnutrition rates in the world and is making insufficient progress towards achieving MDG 1. Nearly 44 percent of children under five are chronically malnourished, and 17% are acutely malnourished. Bangladesh's HIV epidemic stands at <1 percent and is concentrated in most at risk population groups, including injecting drug users, women and men commercial sex workers, and their clients. Bangladesh has the fifth highest burden of TB cases in the world. Although detection of smear-positive cases has improved (70 percent) in the past three years, stigma around care-seeking for TB remains a problem. Non-compliance and treatment failure is leading to an increase in multi-drug resistant TB.

Bangladesh has a large network of public health facilities including: 18 postgraduate medical institutes and colleges; 59 district hospitals; 96 maternal and child welfare centers; 395 sub-district health centers; and 4,637 Union health centers (of which about 1,362 are

[3] The findings of the 2010 Bangladesh Maternal Mortality Survey was released February 13 showing decline of over 40 percent in maternal death over the past 9 years. The survey was jointly financed by the GOB, USAID, AusAID and UNFPA with USAID taking the lead in overseeing the field work, data collection and analysis of results from 176,000 households.

functional). The Government has an Essential Service Package (ESP) consisting of the following services: Reproductive Health Care; Child Health Care; Communicable Disease Control; Limited Curative Care; and Behavior Change Communication. New interventions added under ESP include: Comprehensive Emergency Obstetric Care: and STD/HIV prevention and control. The for-profit and not-for-profit private sector in Bangladesh is vibrant and is increasingly becoming a significant source of obstetric and child health services for a growing proportion of Bangladeshis.

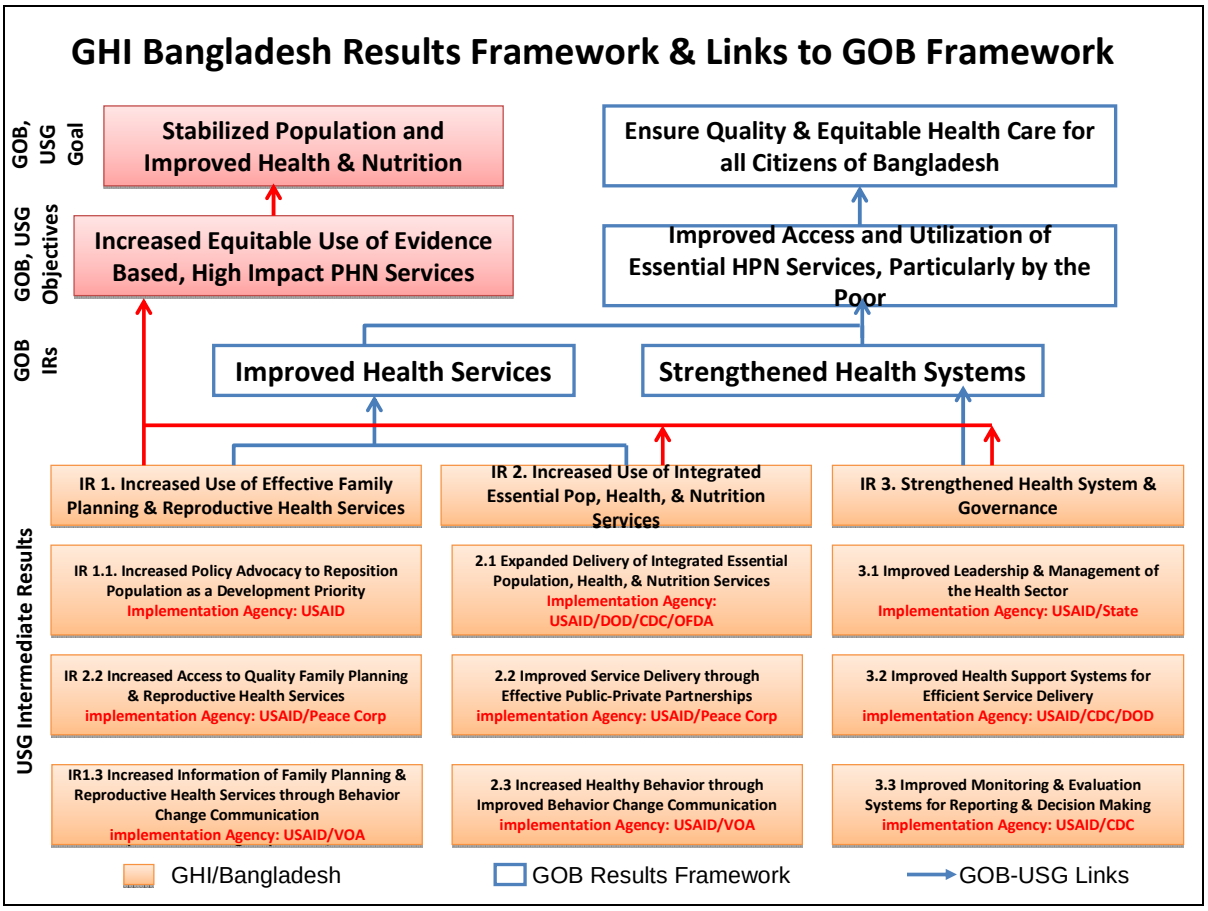
## National Plan

The GOB is currently developing the next Health and Population Sector Development Program (HPSDP) for the period 2011 through 2016. The HPSDP strategic objective is to ensure equitable and quality health care for all Bangladeshis by improving access to and use of evidence-based, high-impact health, population and nutrition related services; strengthening systems to support service delivery; and effective stewardship and governance. The key "drivers" of the HPSDP are: scaling up essential health services for the achievement of MDGs 1, 4, 5, and 6 by 2015; addressing population growth with fully integrated family planning and cross-cutting multi-sector interventions; mainstreaming nutrition; revitalizing community clinics as part of making Upazila (sub-district) Health System functional in rural areas; improving non-communicable disease (NCD) priority services; and strengthening health systems.

## USAID Strategy for Family Planning, Maternal, Newborn and Child Health, and Nutrition

The BEST Action Plan is nested within the recently developed USG GHI strategy[4]. The goal of the strategy is to stabilize population and improve health and nutrition. The strategic objective is to increase the equitable use of evidence-based high-impact population, family planning, maternal, newborn and child health, and nutrition interventions through country-led programs and partnerships. As shown in the Results Framework below, the GHI strategy has identified three Intermediate Results: (1) Increased use of effective family planning and reproductive health services; (2) Increased use of integrated essential population, health and nutrition services; and (3) Strengthened health systems and governance.

[4] USG Bangladesh GHI Strategy was formally approved February 11, 2011. The BEST Action Plan will be a formal annex to the Bangladesh GHI Strategy.




## Relationship of USAID's Proposed FP/MNCH/N Investments to National Priorities

The USG Results Framework is closely aligned with the GOB Results Framework. USAID's investments in FP/MNCH/N correspond to the GOB's objectives and strategic priorities as described in the January 2011 draft HPSDP for the period 2011 through 2016. The GOB has identified priority actions under two key components.

**Component 1 - Improving Health Services:** Increase equity in utilization of essential health, population and nutrition (HPN) services: maternal and neonatal and child health services; family planning and reproductive health; nutrition; communicable diseases; and NCDs. Improve awareness of health behavior; and improve primary health care and community clinic systems.

**Component 2 - Strengthening Health Systems:** Sector planning and budgeting; human resources for health; quality improvement and supervision; procurement and logistics system; infrastructure and maintenance; sector management and legal framework; decentralization and local level planning; and financial management.

## Consultation and Coordination

The Action Plan was developed in close consultation and coordination with the GOB and key USG partners as part of the consultative process to develop the Global Health Initiative Strategy. Consultations took place throughout 2010 and included recommendations from numerous assessments and reviews of the USAID program. The key challenges and activities below were identified and discussed during this process.

## Barriers to Achieving FP/MNCH/N Goals

In 2009, the GOB, in partnership with several donors, conducted an independent review of the progress of the sector program. The following key challenges were identified:

- Governance: Low service utilization by poor and women; lack of financial resources for local government to provide essential services.
- Human resources: Insufficient involvement of non-public providers.
- Information systems (MIS, surveillance, vital statistics, M&E, etc): Fragmentation of data collection and analysis exists at all levels.
- Procurement (pharmaceuticals, supply chains): Lack of effective system to ensure continuous basic drugs and equipment.
- Health services (primary, secondary and tertiary care; labs): Weak demand and limited involvement of health consumers.
- Financing: Reform agenda only partially addressed, e.g. planning, budgeting, contracting out, voucher schemes.

## USAID's Response to Barriers

In response to the health systems barriers described above, USAID will make a strategic shift in its support to the GOB. USAID has historically supported the NGO sector to provide family planning and health services directly to the people. The GHI Strategy has provided USAID an opportunity to begin a new era of closer alignment with the GOB's national program and towards greater sustainability by strengthening national and subnational health systems in the public sector while continuing to sustain gains made through NGOs and the private sector. This is described in greater detail in the Health Systems section. GHI will collaborate with the mission's Democracy and Governance programs to improve health governance, increase transparency, and increase civil society involvement in overseeing health service delivery at the community level. Linkages will also be established with other presidential initiatives—Feed the Future, Global Climate Change-- and Global Engagement to maximize synergies across the sectors.

## Opportunities for Achieving FP/MNCH/N Goals

Despite the challenges, Bangladesh's remarkable successes in improving the health status of its citizens in the past 20 years present many opportunities.

- *Elevated GOB Commitment at the Highest Level:* When addressing the UN General Assembly in 2010, the Prime Minister committed to doubling, by 2015, the percentage of births attended by a skilled health worker from the current level of 24 percent through training an additional 3,000 midwives, staffing all 427 sub-district health centers to provide round-the-clock midwifery services, and upgrading all 59 district hospitals and 70 Mother and Child Welfare Centers as centers of excellence for emergency obstetric care services. She also committed to reduce the rate of adolescent pregnancies through social mobilization, implementation of the minimum legal age for marriage, and upgrading one third of maternal, neonatal and child health (MNCH) centers to provide adolescent friendly sexual and reproductive health services. In addition, the Prime Minister committed to halve unmet need for family planning (from the current level of 18 percent) by 2015; and to ensure universal implementation of the Integrated Management of Childhood Illness Program (IMCI). In September 2010, the Prime Minister called a meeting of the National Population Council, thus mobilizing 17 Ministries in a multi-sectoral action after 14 years.
- *GOB commitment to operationalize community clinics:* GOB has articulated the importance of expanding access to services by operationalizing "community clinics," which provides the entry point to the three-tier primary health care system called the Upazila (Sub-district) Health System.
- *Improvement in key development indicators:* Many areas reflect progress or opportunity: doubling of per capita GNI between 1991 and 2009 to $550 at present; overall expansion of literacy (primary or higher level of education among women aged 15-24 increased from 28 percent to 73 percent in the 1993 and 2007 DHS); female income generating; and expansion and utilization of mass media portals, e.g., television also present great opportunities.
- *Successful track record in key health outcomes:* Bangladesh is one of few countries on track to achieve child mortality targets. It received a UN award for this achievement in 2010. The MMR declined due to the success in fertility reduction, gains in female literacy and increased age at first childbearing. Strong policy and investment interventions led to continuous reduction in the annual growth rate of population.
- *Widespread public sector infrastructure:* The development of a countrywide public health care infrastructure presents an opportunity.
- *Vibrant private sector:* The NGOs and for-profit private sector have historically been a key part of Bangladesh's service delivery system. NGOs have filled in service gaps by reaching the under-served populations. The traditional and modern for-profit private sector is most often the first line of curative child health care. The Social Marketing Company, supported by USAID, accounts for 35 percent of contraceptive prevalence. The private sector is becoming an increasingly important source of obstetric care services. USAID supported programs have shown the benefits of innovative partnerships with the garment industry, transportation and port workers as effective means of reaching the urban poor with essential health services.
- *USG Presidential Initiatives:* The USG will bring additional resources and opportunities for collaborative programming to Bangladesh through the

implementation of Global Engagement and three Presidential Initiatives: GHI, Feed the Future (FTF), and Climate Change. These provide tremendous scope for synergy across sectors between USAID, Centers for Disease Control (CDC) and Department of Defense (DOD) in a whole of government approach. This includes integrating health and nutrition in a new DOD-funded education program; joint nutrition GHI programming with FTF and Food for Peace, PL 480 program; partnering with Democracy and Governance (DG) on health advocacy with the press, women parliamentarians and local elected leaders.[5]

- *Strong local research capacity demonstrating proven service delivery models:* Bangladesh is home to a world-class health research institution and research studies that have provided interventions and strategies that have been scaled up – or have potential to scale up - in other parts of the world. These include Oral Rehydration Therapy; community-based newborn care; community based distribution of contraceptives; and integrated community-based family planning and maternal and newborn health.

USAID will capitalize on the above opportunities in the following strategic ways. Increased political will and GOB commitment at the highest level and a track record of demonstrating results despite myriad challenges are key drivers for spurring change. USAID has seized the opportunity to actively engage in national discussions and policy dialogue to shape the next five year sector plan for 2011-2016. The game-changer articulated in the political mandate is reaching every community with a vast network of community clinics. USAID responded with a plan to strengthen the capacity of the community clinics within the context of a strong primary health care system known as the Upazila Health System. The network of Government health facilities is part of the Upazila Health System that will be strengthened with USAID support to reach the vast base of the pyramid. USAID will harness the reach and innovativeness of the formal and informal private sector to expand the current social marketing program to other private practitioners and garment factories. USAID will continue to strengthen local research expertise and plans to implement a robust learning agenda as a GHI Plus country. [6] These are described in more detail in the following sections.

## Key Interventions

USAID will place highest priority on a targeted programming strategy to reach geographic regions and population segments with the greatest need: these are the northeastern and southeastern parts of the country, coastal flood-prone areas, and urban slums. USAID will focus on the following high priority FP-MNCH interventions.

[5] USAID/Bangladesh is launching the development of its next five-year Country Development Cooperation Strategy which will promote greater synergies across the Presidential Initiatives and cross sector programming.

[6] USAID/Bangladesh will also roll out Global Partnerships with: JICA to strengthen rural primary health care service delivery; AusAID/DFID/Gates to improve family planning and primary health care services in urban areas; and with Unilever to promote hygiene and sanitation at the household and facility level.

## Family Planning and Population

***The Need:*** Decline in the total fertility rate (TFR), which is so important in overcoming critical population challenges, has been fastest among the uneducated women thus reducing the equity gap among the uneducated and women with primary education. Early marriage (two-thirds of women marry before the legal age of 18) is an important determinant of TFR due to cultural pressures for rapid child-bearing after marriage. Fertility is higher in the east where women are more secluded and less mobile than those in the west of the country. The method mix is dominated by pills, which now account for a third of the family planning users, and has reached its peak. Even though 62 percent of women do not want more children, only 7percent are using LAPM. If a sustainable decline in fertility is to be achieved – requiring moving fertility to below population replacement levels - more emphasis will need to be placed on reducing barriers to LAPM uptake. Community level behavior change communications, outreach strategies, and targeting newlyweds all need additional investments, along with targeting underperforming regions of the country and areas where women have limited mobility.

***USAID Response:*** Expanding contraceptive choice and access to a wide range of methods will increase contraceptive use and reduce unintended pregnancy. The USG investments will support increased access to LAPM by expanding services in health facilities as well as mobile services; improved contraceptive choice through introduction of emergency contraception and progestin-only-pills through the Social Marketing Company; expanded provision of Depo-Provera injectables though Blue Star pharmacists and trained community health workers; and exploration of options for new product registration and introduction, such as Sino Implant and Standard Days Method; adaptation of the tested postpartum family planning model in the public sector; and support for expansion of innovative public private partnerships, e.g. working with garment factories and port workers. As spelled out in the Global Health Strategy approved February, 2011, family planning services will be reinvigorated and USAID will support GOB efforts for increasing population advocacy across the sectors.

## Maternal Health

***The Need:*** Except for the high coverage of tetanus toxoid immunization (90 percent), all maternal health interventions have persisted at very low levels of coverage. Only 18 percent of deliveries are attended by medically trained health providers; 15 percent deliver in health facilities; and 21 percent receive postnatal care within the first week. The highest cause of maternal mortality is postpartum hemorrhage (28 percent) followed by eclampsia (24 percent). Yet coverage of interventions to address these causes of death remains very low (16 percent for AMTSL; data unavailable for eclampsia). Thus, while continuing to improve access and quality of institutional deliveries and skilled birth attendance, there should also be an increased emphasis on scaling up interventions to address postpartum hemorrhage and eclampsia.

***USAID's Response:*** The highest priority will be placed on addressing the two main causes of death - postpartum hemorrhage and eclampsia. USAID's support will continue to scale

up AMSTL in health facilities and in home deliveries with community skilled birth attendants (CSBAs). Where there are no CSBAs, USAID will continue to support the scale up of misoprostol. Also of highest priority is a new intervention for scaling up the provision of magnesium sulfate and provider capacity to manage eclampsia in health facilities. In addition, USAID will continue to support quality antenatal and postpartum care; clean and safe delivery; and emergency obstetric care in district and sub district health facilities and through skilled birth attendance in home deliveries.

**Newborn Health**

***The Need:*** Newborn mortality is rapidly increasing as a proportion of under-five mortality. Further decline in under-five mortality trends must aggressively address the three main causes of newborn death: infections (33 percent), asphyxia (21 percent), and preterm/low birth weight (11 percent). Coverage of all high-impact newborn interventions, except tetanus toxoid immunization, is very limited. Essential newborn care is not routinely provided either in facilities or in the home. Upazila health facilities do not have the capacity to treat sick newborns. Since most deliveries continue to occur at home, there is a need for early home-based postnatal visits where health care-seeking is poor. The Lives Saved Tool (LiST) estimates that increasing coverage of exclusive breastfeeding and postnatal care will save the most lives, followed by infection management, kangaroo mother care, and resuscitation.

***USAID's Response:*** Highest priority will be given to the continued scaling up of essential newborn care (immediate and exclusive breastfeeding, warmth and clean cord care, including hand washing by birth attendants and family members) at facility and community levels. USAID will also continue scaling up postnatal home visits within 48 hours and the first week of life. In addition, USAID will expand support for new high-impact interventions to tackle the three main causes of death: newborn resuscitation, newborn infection management, and kangaroo mother care for low birth weight babies.

**Child Health**

***The Need:*** Sustained high and equitable coverage of high-impact child health interventions (immunization, vitamin A supplementation and use of ORT) have resulted in a substantial decline in child mortality. Acute respiratory infection (ARI), including pneumonia, is the main cause of child deaths after the first month of life. While breastfeeding and immunization (including the recent introduction of Hib vaccine) are key preventive interventions, case management remains a critical intervention to reduce deaths from ARI. Almost half of children are receiving antibiotics from drug sellers and traditional doctors where quality of care is known to be very poor. Bangladesh must identify and develop strategies to provide treatment services to children in the poorest and other vulnerable segments of the population. The GOB must provide greater engagement of pharmacists, drug sellers, and "non-graduate providers" who provide the greatest part of sick child care. The LiST estimates that increased coverage of a pneumonia package (case management and pneumonia vaccine) would have the greatest impact, followed closely by a diarrhea package (ORS, zinc, and rotavirus vaccine).

***USAID's Response:*** USAID will place highest priority in scaling up ARI management strategies by strengthening the capacity of health facilities and communities to provide IMCI at the primary care level in both the public sector (new support) and the NGO sector (continued). USAID will strive to close the equity gap by prioritizing the scale-up of community case management strategies in areas with limited access to health services and identifying opportunities to support GOB demand side financing to ensure the poorest quintiles of the population have access to life saving, high impact interventions. In addition, USAID will prioritize continued support to sustain the high coverage of ORS and zinc through social marketing and immunization through national campaigns and systems strengthening for routine delivery in primary care centers. Greater emphases will be given to increasing community mobilization and outreach efforts, including working with informal providers to reduce harm and improve health seeking behavior and health outcomes among clients.

**Nutrition**

***The Need:*** Bangladesh has made inadequate progress in reducing child under-nutrition, with 43 percent of children stunted and 17 percent wasted. While the 2007 DHS did not measure hemoglobin levels, earlier surveys found almost 75 percent of pre-school children to be anemic. There have been no substantial program efforts in the interim to change that high prevalence. The key determinants of child nutritional status, exclusive breastfeeding from 0 to 5 months and infant and young child feeding practices from 6 to 23 months, have remained stagnant for over a decade.

***USAID's Response***: GHI will maximize synergy with the FTF and Food for Peace programs and work together to break the cycle of malnutrition in Bangladesh.[7] The USG support will Scale up Nutrition (SUN) approaches to mainstream nutrition and integrate the seven Essential Nutrition Actions for pregnant women and young children targeting the critical 1,000 day window from pregnancy through the first two years. USAID will support Vitamin A supplementation, Community Management of Acute Malnutrition (CMAM), and research on a lipid-based nutrient supplement (LNS) to prevent chronic malnutrition.

## Key Health Systems Improvement: From the Tip to the Base of the Pyramid

Bangladesh's health system faces the challenge of ensuring the health of almost 160 million people, many of them poor and poorly educated, with severely constrained service delivery capacity, too few human resources, and limited funds. Constraints include: an extremely centralized public sector health system; family planning and health services under two separate Directorates within the Ministry of Health and Family Welfare; low overall national spending on health as a share of overall government expenditure.

[7] See Figure 1 "The Cycle of Malnutrition in Bangladesh" in Annex 1.

As a result, over half of the cost of health services is paid out of pocket by the largely poor population, which acts as a barrier to the poor receiving needed care. The poor use both informal and formal private sector services of variable quality. Key challenges include: undependable logistics systems for both contraceptives and medical supplies; unfilled vacancies for many posts for essential service delivery personnel; ineffective information systems, with data compiled but not systematically used for planning and management especially at the facility and operational levels of the system; and facilities that are often in poor physical condition and often have inadequate or inoperable equipment.

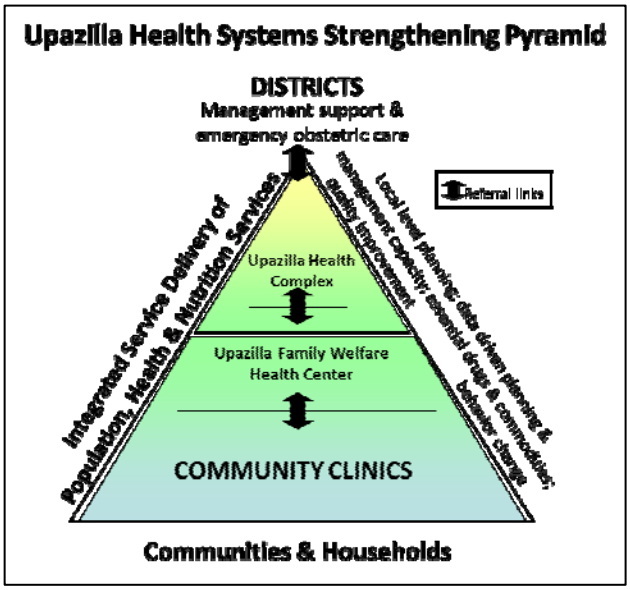
In 2009, an independent review team evaluated the health sector program and concluded that: *"Bangladesh has already achieved most of the reduction in mortality that can be achieved through vertical programs; future progress will increasingly depend on more complex interventions requiring a more efficient, effective and equitable health system."*

In response to these challenges USAID has made a strategic shift towards increased support to strengthen health systems at the national, subnational, and community levels, placing special emphasis on strengthening and increasing the functionality of the primary health care pyramid from the tip (sub district or Upazila) to the base (community) of the pyramid.

- Increase functionality of selected components of the national health system including procurement and logistics; monitoring and evaluation (including population-based surveys and HMIS); and planning and management to strengthen district and sub-district service delivery capacity.

- Strengthen human resource capacity at the national level including pre-service/in-service training of health providers through the national training center in family planning, adolescent health, and other health areas.

- The diagram of Upazila Health Systems Strengthening Pyramid on the right depicts how USAID will support the strengthening of the primary health care system. USAID support will strengthen management and data-based planning capacity for differentiated and targeted programming (reaching marginalized and underserved populations and geographic areas), drugs and supply logistics, quality improvement, and information systems. An important



element would be to strengthen local level planning with elected leaders, community mobilization, and building the capacity of community clinics to provide quality essential health services with the support of the Upazila and Union levels of the primary health care pyramid. USAID will also support programs in urban slums to deliver quality services in collaboration with the Ministry of Local Government and Rural Development and the City Corporations.

## Delivery Approaches

In the forthcoming strategy, USAID will make a strategic shift to align itself more closely to the GOB by strengthening its health system to achieve sustainable health outcomes.

*Strengthening the Upazila Health System:* A key focus will be to strengthen the District and Upazila Health System in direct response to the GOB's own strategic priority to strengthen services at these levels. This will increase the functionality of community clinics to provide basic health services within the context of the whole district system, strengthen management and planning capacity of sub district level managers, strengthen quality improvement approaches in health facilities and referral links between levels, garner the support and strengthen the capacity of local elected leaders, and mobilize communities towards greater involvement in health care.

*Enhancing care seeking and adoption of optimal health practices:* through coordinated messaging by strengthening GOB capacity and mobilizing the private sector to develop and implement issue-specific, audience-segmented, FP/MNCH/N behavior change/communications strategy, approaches and messages at national, sub-national and community levels.

*Differentiated delivery approach to respond to different cultural contexts:* Women in the northeast are more secluded than in those in the southeast. This highlights the importance of community-based outreach approaches in the northeast to reach women in their homes. In other areas were women's mobility is higher and access to clinics, social marketing, and pharmacies is easier, other delivery approaches would be appropriate.

*Increasing private sector provision of services:* through networks of private practitioners, NGO clinics and, social marketing. USAID will also explore contracting in and contracting out to the private sector by the Upazila Health System, thus going beyond social marketing. The private sector and non-government organizations play a significant role in USAID programs and in assisting the GOB in providing family planning and essential health services in underserved areas through public/private partnerships will be a major area of focus.

*Expanding social marketing:* to include additional contraceptive and health products and services. Social marketing currently plays a significant role in USAID's support to expand access to contraceptives, ORS, zinc, and safe delivery kits.

## Areas of Integration in FP/MNCH/N

*Service delivery:* The Government has an Essential Service Package (ESP) which consists of Reproductive Health Care including Comprehensive Emergency Obstetric Care, Child Health Care, Communicable Disease Control, Limited Curative Care; and Behavior Change Communication. The GOB has also added STD/HIV prevention and control as part of the ESP. USAID will support the ESP implementation with a special focus on family planning, maternal, newborn and child health, diarrheal disease control, safe water, immunization, nutrition, exclusive breastfeeding, and growth monitoring. This integrated package is currently being provided by over 300 USAID-supported NGO franchise clinics and their 6,000 community service promoters. In addition, USAID's future program envisions enhanced support to the public sector sub-district health facilities and community clinics. Nutrition goals will be achieved through shared targeting in the same geographic regions in the southern delta to promote the "1,000 days" model of reaching pregnant women, newborns, and young infants, and Scaling up Nutrition (SUN) approaches to mainstream nutrition, and increased food security under the FTF Initiative and in the Food For Peace Program.

*Communication*: USAID plans to enhance its behavior change communication (BCC) and strategic communication program by strengthening the communications wings of the Health and Family Planning Directorates and supporting the development and implementation of an integrated BCC strategy, within the constraints and realities of working with two separate Directorates. USAID will also collaborate with private sector partners such as Unilever to develop and implement hand washing messages.

*Health Systems Strengthening:* Integration is hampered by the fact the MOHFW is bifurcated in two separate Directorates, one responsible for family planning and the other for health. Highly centralized and managed by dual Directorates, integration of health systems strengthening will need to be supported with sensitivity and thoughtfulness. USAID is assisting in strengthening procurement and logistics for the Directorate for Family Planning with an on-line MIS tool and will be expanding assistance to the Directorate of Health Services for streamlining the procurement of drugs and medical supplies. Finally, USAID is providing technical leadership to develop that Results Framework for the next sector program and will support the design and establishment of a national MIS and M&E System to track progress toward GOB achieving its MDGs.

As noted above, Bangladesh will benefit from the implementation of Global Engagement and the three Presidential Initiatives: GHI, FTF, and Climate Change, all of which provide opportunities for integration and synergy in innovative ways. In addition, new policy directives, including USAID Forward, will drive new ways of operating under GHI and in implementing the BEST Action Plan.

## Opportunities for Collaboration/Leveraging

*Other USG Partners:* The US Mission/Bangladesh offers opportunities for linkages between USAID's Sectoral programs (Democracy and Governance, Economic Growth, Food Security, Disaster Relief and Humanitarian Assistance). Increased collaboration will be forged on research undertaken by USAID, CDC and NIH to maximize ongoing USG investments in health. Links with DOD will be deepened to support joint activities in health and synergies with education to disadvantaged communities to promote stability. Such cross-sectoral collaboration with democracy and governance programs has already begun in common geographic focus areas and to improve health governance and accountability through joint programming to promote health in the Leaders of Influence Program; advocacy with women parliamentarians on women's health issues; and promotion of investigative reporting by journalists on health. Economic growth programs could promote linkages for livelihoods among marginalized and sexually exploited groups, commercial sex workers, injecting drug users, and youth. This year represents an opportune time for USAID to improve nutrition through an integrated approach that involves maternal and child health, humanitarian assistance, and agricultural development through its Food Security program. The new Food for Peace program began in mid-2010 with a focus on the Prevention of Malnutrition in Children Under 2 Approach (PM2A). With additional funds for agriculture under FTF, USAID/Bangladesh can improve access to and availability of nutritious foods. The FTF Initiative provides an excellent opportunity to develop joint programming across the GHI and Food for Peace activities.

Both CDC and DOD are engaged in health activities in Bangladesh. DOD's engagement with the Bangladeshi military offers opportunities to reach a large number of men to promote family planning, women's and child health, prevention of gender-based violence, as well as HIV/AIDS and TB prevention and treatment. Other potential applications for the DOD include military-civilian collaboration on medical and dental missions and opportunities for OPHNE to work jointly with DOD to introduce HIV/AIDS prevention messages, especially for those deployed on international peace keeping missions and upon return. USAID and DOD could also consider expanding their health activities to working with the police, paramilitary, and the Bangladesh Defense Force. USAID is reaching out to DOD to take advantage of its strong GIS mapping capabilities to strengthen planning in the health sector.

CDC focuses on surveillance, response, and research on infectious diseases of public health importance. Collaboration between USAID and CDC could strengthen the prevention and improve the response to infectious diseases that threaten the health of the population. USAID and CDC are also collaborating on a new Global Development Alliance to scale up hand washing for newborn survival in partnership with Unilever.

NIH, in collaboration with various partners, is conducting research in Bangladesh in areas include maternal health, child health and nutrition. Increased collaboration between USAID and NIH could strengthen the evidence base for intervention scale-ups, or provide new innovations, techniques or technologies.

*Development Partners:* The Bangladesh health sector receives support from multiple donors and UN agencies. Currently, seven donors pool their funds through a common multi-donor trust fund administered by the Bank to support the GOB's "Health, Population, and Nutrition Sector Development Program (HPNSDP)." Donors include World Bank, DFID, European Union-EU, Swedish Government (SIDA), Netherlands, German Development Bank (KfW), Canadian Development Agency (CIDA), and UNFPA. Pooled funding directed through the government system supports the $4.2 billion for the current four-year sector HNPSP which ends June 2011.

The following Development Partners provide support through parallel financing: USAID, Asia Development Bank, DfiD, SIDA, WHO, UNICEF, UNFPA, German Cooperation (GTZ), CIDA, Japan Government (JICA), EU and AusAID,

USAID is one of the single largest bilateral parallel donors in health[8], with major contributions including technical assistance and operational support, operations and survey research, and working with NGOs and the private sector to expand population and health services to marginalized, disadvantaged groups, and to provide support for Bangladesh's large-scale social marketing program. During 2009-10, USAID/Bangladesh substantially increased its participation in the Consortium. Donors are also working with GOB counterparts through a number of technical Task Forces and working groups that are important in influencing both policy and program investment. USAID is currently supporting the design of the next sector program which is projected to require $3.6 billion during the next five years through 2016. GHI and BEST are coming at an opportune time to influence technical interventions in the next sector program and fill key gaps.

There are important partnership opportunities with specific organizations in key program areas. UNFPA is one of the few other development partners focused on population and family planning, and also works in maternal care, including increasing availability of basic emergency obstetric care. UNICEF's programs include work in immunization (including direct support of immunization in low-performing districts), treatment of child illness, nutrition (especially micronutrients), and maternal-newborn care. UNICEF has experience and resources in social mobilization that may offer partnership opportunities if USAID engages in support of Community Clinics and other program strengthening at the operational level of the health system, particularly at the Upazila level and below. USAID is currently developing collaborative activities under the two new global partnerships – the Reproductive, Maternal and Newborn Health Alliance with DfiD, AusAID, and the Gates Foundation and the Maternal and Newborn Partnership with JICA. Individual donors supporting activities in specific areas include: JICA in health system management strengthening and safe motherhood; DfiD in safe motherhood; and DfiD and DANIDA in water and sanitation. Organizations like the International Labor Organization (ILO) offer

[8] DfiD just announced a major investment program in health and education for Bangladesh for the next several years.

opportunities for multi-sectoral approaches, such as engaging manufacturers in expanding population/ reproductive health services or targeting high risk young women for employment.

## Monitoring, Evaluation, Research and Innovation

USAID/Bangladesh will improve and strengthen overall M&E and monitor the impacts through the implementation of the GHI Results Framework, which is closely aligned with the GOB's next Health Sector Results Framework. For the first time, USAID will help rebuild and utilize host country M&E systems along with other donors rather that have exclusive, stand along indicators for USAID activities.[9] This alignment across donors will decrease duplication and increase efficiency in data collection and reporting and enable production of timely and reliable information. Improved metrics for monitoring will also strengthen program effectiveness and rapidly integrate findings for program impact and scale-up.

USAID will improve metrics and establish well-functioning health information systems to monitor program performance of its health investments. It will disaggregate and analyze data by age, gender, geographic region, and, wherever feasible, by economic status to assess equity in use of services and information. Programs will collect qualitative data to show whether women centered approaches are on track and improve gender equality and health outcomes. Both quantitative and qualitative data will be reviewed and analyzed quarterly by implementing partners and USG agencies to monitor program performance. Performance reviews will also include analysis of quantitative and qualitative data such as success stories and case studies. The information will be used to identify inputs for formulating the Learning Agenda and scale up successful interventions to accelerate health outcomes under GHI.

All bilateral programs with a total estimated cost of over $25 million will be subject to independent evaluations to measure performance outcomes/impacts using baseline and end line surveys; surveillance; national data platforms, and other tools. Data will be disaggregated by gender, age, economic status and geographic area to assess whether program strategies are reaching the core priority groups – the women, adolescent girls, children and the poor. Information will be used to refine program strategies. USAID will design a learning agenda that tests innovative program and policy interventions for scale up, and conducts research to refine program strategies linked to the three intermediate results. Topics for USG's implementation research will be determined annually through a consultative process to foster country ownership and commitment and will include topics relevant to the three Intermediate Results. In collaboration with Washington, USAID has designed a new program, to support (i) evaluation and implementation research, (ii) capacity building in M&E and (iii) advancing the learning agenda.

## What is Different?-USAID Strategic Shift

With GHI, USAID/Bangladesh has already increased its technical leadership and visibility in the sector. The BEST Action Plan will make a strategic shift towards (a) increased

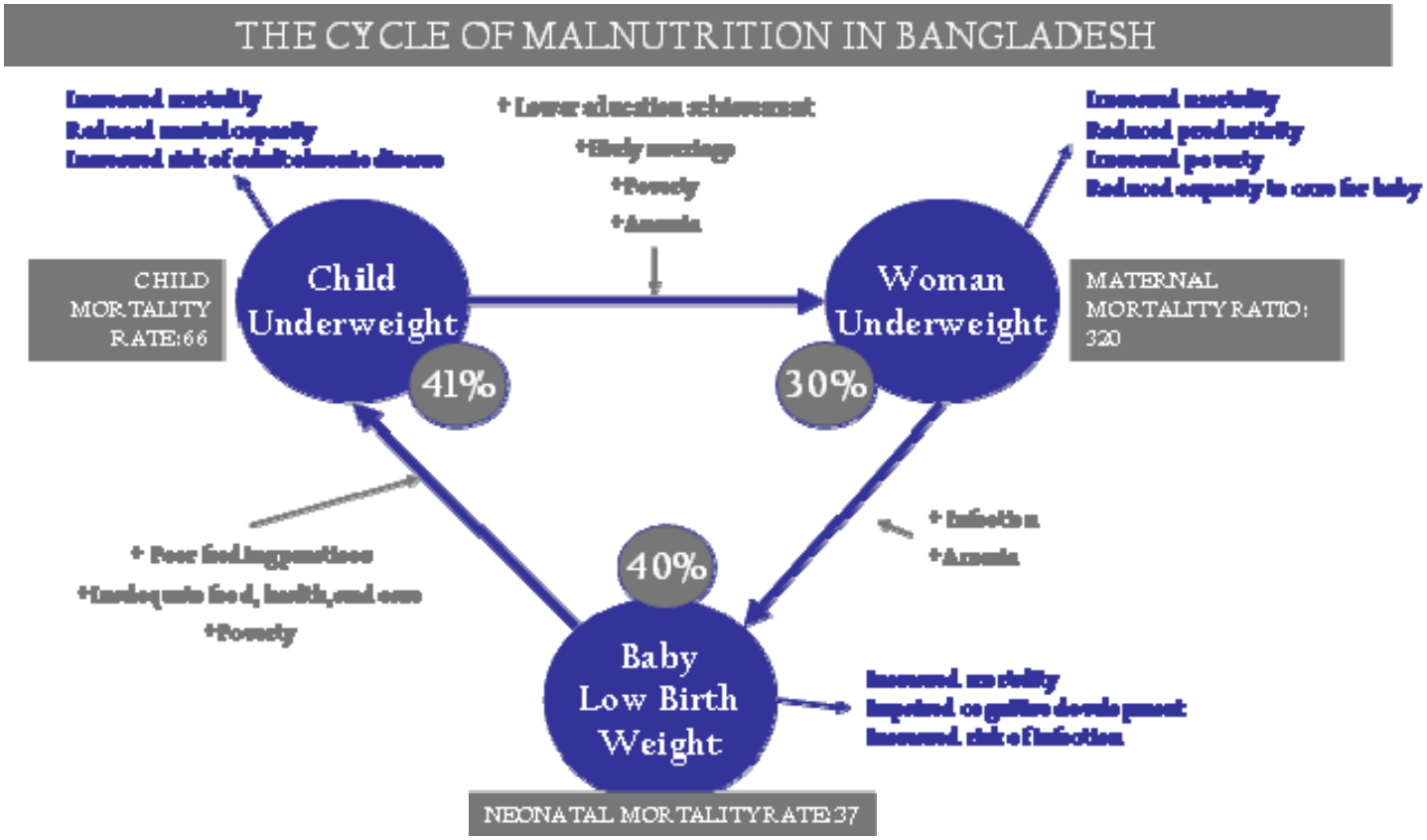
[9] Still awaiting more guidance for required indicators for GHI Plus countries, if any.

engagement with the GOB on population and health policy dialog; (b) strengthened capacity of the public sector health systems while continuing to support service delivery through the NGO and private sector; and (c) increased support to urban health services while continuing to support rural health services in underserved areas. USAID will expand the scope of the private sector by reaching beyond social marketing to include service providers whose potential remain untapped in the current USAID program, even though Bangladeshis across all quintiles are increasingly using the private sector for maternal and child health services. One of the major shifts in the agency's commitment to donor harmonization and use of host country systems will signal a fundamental change through new methods of USAID/Bangladesh health sector financing, deepened engagement with GOB, and new relationships with key donors and partners. In advancing USAID Forward, USAID/Bangladesh will explore opportunities to influence policy dialogue, increase efficiency and use of host country systems, reduce transactions costs, and promote health governance and transparency in the health sector. Given Bangladesh's emerging profile in the region, USAID will build on its leadership role to advance USG development assistance in the health sector and promote USG foreign policy objectives in Bangladesh.

## Resource Plan

Under the new strategy for 2011-2016, USAID/Bangladesh anticipates a large flagship bilateral project that will integrate services, strengthen public health systems, and support behavior change communication to NGOs and the public sector. USAID will continue to support HIV/AIDS and Tuberculosis, and will enhance support for Monitoring and Evaluation (M&E) under the GHI's emphasis on the learning agenda. Specialized technical assistance will continue to be made available from global projects. The total resource envelope is expected to be $429.5m for the five year strategy period with $77.3 m in 2011. It is assumed that approximately $352.2m will be budgeted during 2012-2015. See Annex 2 for Resource Plan.

**ANNEX 1 Figure l: The Cycle of Malnutrition in Bangladesh**




PROCUREMENT SENSITIVE CONTENT REMOVED

ANNEX 2. BEST Action Plan Results Framework Health Systems

| USAID/ Country BEST Program | |
|---|---|
| **Goals/ Objective** | **Increase Modern Contraceptive Prevalence, Health System Strengthening , Reduce Under-Five and Maternal Mortality and Child Under-Nutrition** |
| **Cross-Cutting Information** | |
| **Key Areas of Integrations** | *Service delivery:* The Government has an Essential Service Package (ESP) which consists of Reproductive Health Care including Comprehensive Emergency Obstetric Care, Child Health Care, Communicable Disease Control, Limited Curative Care; and Behavior Change Communication. The GOB has also added prevention and control of STD's and HIV as part of the ESP. USAID will support the implementation of this integrated package of essential health services with a special focus on family planning, maternal, newborn and child health, diarrheal disease control, safe water, immunization, nutrition, exclusive breastfeeding, and growth monitoring. This integrated package is currently being provided by the USAID-supported NGO franchise clinics (over 300). In addition, USAID's future program envisions an enhanced support to the public sector sub district health facilities and community clinics. Nutrition goals will be achieved through shared targeting in the same geographic regions in the Southern Deltaic area promoting the "1,000 days" model of reaching pregnant women, newborns, and young infants and scaling up Nutrition (SUN) approaches to mainstream nutrition and increase food security under the Feed the Future Initiative.<br><br>*Communication*: USAID plans to enhance its BCC program by strengthening the communications wings of the Health and Family Planning Directorates and supporting the development and implementation of an integrated BCC strategy, within the constraints and realities of working with two separate Directorates. USAID will also collaborate with the private sector such as Unilever to develop and implement hand washing messages.<br><br>*Health Systems Strengthening:* Integration is hampered by the fact the MOHFW is bifurcated in two separate Directorates, one responsible for family planning and the other for health. Highly centralized and managed by dual Directorates, integration of health systems strengthening will need to be supported with sensitivity and thoughtfulness.<br><br>In addition, as noted above, Bangladesh will benefit from the implementation for four Presidential Initiatives: GHI, FTF, Climate Change, and Global Engagement, all of which provide opportunities for integration and synergy in innovative ways. |
| **Key Development Partners** | • World Bank: Budget support, health financing<br>• UNFPA: population and family planning, basic emergency obstetric care. UNICEF: immunization, treatment of child illness, nutrition (especially micronutrients), and maternal-newborn care, social mobilization, maternal vouchers<br>• GTZ: Health financing, maternal vouchers<br>• JICA: health system management strengthening<br>• DfiD: safe motherhood and water and sanitation, urban health (through ADB)<br>• DANIDA: water and sanitation.<br>• AusAID: urban Health |

## BEST Action Plan Results Framework Table: Family Planning

| USAID/ Country BEST Program: Family Planning | | |
|---|---|---|
| **Goal** | **Reduce total fertility rate** | |
| **Goal Level Targets & Indicator** | **Indicators** | **Impact Targets-2016 and baseline** |
| | Total fertility rate | 2.0 (2.7 baseline in 2007) |
| **National Priority** | **Priorities** | **Plans** |
| | To increase CPR from 55.8% to 72% (all methods) | HPSDP (2011-2016) |
| **Strategy** | | |
| | **Near term (2011-12) and Medium term (2013-15):** | **2010 Baseline/ 2015 Outcome Targets** |
| **Principal Interventions** | • Contraceptive commodity security: Capacity of GOB strengthened in the area of commodity procurement and distribution systems.<br>• Capacity building: support NIPORT or other to develop national capacity to conduct competency based training, Curricula updated and aligned with international standards<br>• Contraceptive choice: make LAPMs more available and strengthen referral systems; POPs, EC, LAM, SDM.<br>• Behavior Change Communication: build GOB capacity; use segmented, evidence-based approach.<br>• Barriers to access: National policies and/or guidelines updated to align with WHO and international standards.<br>• Innovative approaches, such as introduction of mobile services, task shifting, public private partnerships expanded to increase availability of LAPMs.<br>• Strategies for specific, underserved population groups developed and implemented.<br>• Integrated FP post- partum model adapted and institutionalized in the public sector<br>• Multi-sectoral programming: Food for Peace; FP education in schools<br>• Interventions tested to increase the age of marriage and first birth. | MCPR in low performing areas:<br>Sylhet:<br>24.7% to 50%<br>Chittagong: 38.2%, BDHS 2007 to 50% |
| **Delivery Approaches** | **Near term (2011-12) and Medium term (2013-15):** | |
| | • Social marketing<br>• NGO clinics and public sector sub district health facilities, community clinics<br>• Behavior change and communication | |

| | |
|---|---|
| | • National level policy dialog and advocacy<br>• Multi-sectoral advocacy |

## BEST Action Plan Results Framework Table: Maternal Health

| USAID/ Country BEST Program: Maternal Health | | |
|---|---|---|
| **Goal** | **Reduce Maternal Mortality** | |
| **Goal Level Targets & Indicator** | **Indicators** | **Impact Targets-2015 and baseline** |
| | Maternal mortality ratio | 143/100,000 live births (320/100,000 baseline in 2001) |
| **National Priority** | **Priorities** | **Plans** |
| | To increase skilled birth attendance from 18% to 50% | HPSDP 2011-2016 |
| **Strategy** | | |
| | **Near term (2011-12) and Medium term (2013-15):** | **2010 Baseline/ 2015 Outcome Targets** |
| **Principal Interventions** | • Improve access to quality antenatal care, clean and safe delivery and emergency obstetric care in district and sub district health facilities and through skilled birth attendance in home deliveries<br>• Scale up the availability of misoprostol, oxytocin, and active management of the third stage of labor for prevention of postpartum hemorrhage and magnesium sulphate for eclampsia management, post-abortion care, and fistula prevention, surgery, and care<br>• Mobilize communities to increase awareness of birth preparedness, and care seeking for obstetric complication, and to prevent harmful practices including early marriage<br>• Strengthen 24/7 EmONC services in selected district and sub district hospitals, and Maternal Care Welfare Centers and referral linkages between these levels<br>• Improve access to MH services in urban slums<br>• Increase access to effective postpartum care < two days of birth, and postpartum family planning<br>• Engage in policy dialogue with the Government<br>• Advocacy and alliance building for safe motherhood and newborn health (MNCH Forum, etc.). | • Four ANC visits<br>20.6% to 50%<br>• Increased coverage of AMTSL |
| **Delivery Approaches** | **Near term (2011-12) and Medium term (2013-15):** | |
| | • Services by NGO and private clinics<br>• Public sector district, sub district health facilities, community clinics<br>• Community based approaches | |

| | |
|---|---|
| | • Behavior change and communication<br>• National level policy dialog and advocacy |

## BEST Action Plan Results Framework Table: Child Health

| USAID/ Country BEST Program: Child Health | | | |
|---|---|---|---|
| **Goal** | **Reduce Under-Five Mortality** | | |
| **Goal Level Targets & Indicator** | **Indicators** | **Impact Targets-2015 and baseline** | |
| | Under-five mortality rate | 50/1,000 live births (65/1,000 baseline in 2007) | |
| **National Priority** | **Priorities** | **Plans** | |
| | 1. To reduce under five mortality from 65 to 48 per 1000 live births | HPSDP | |
| | 2. To reduce newborn mortality from 37 to 21 per 1000 live births | HPSDP | |
| **Strategy** | | | |
| | **Near term (2011-12) and Medium term (2013-15):** | | **2010 Baseline/ 2015 Outcome Targets** |
| **Principal Interventions** | • Strengthen essential newborn care at sub district and community levels and ensuring home visits within 48 hours of birth, clean and safe delivery<br>• Scale up newborn resuscitation and hand washing for newborn survival as part of a Global Development Alliance<br>• Improve access to newborn infection management and kangaroo mother care for low birth weight babies<br>• Implement social marketing of ORS, zinc for diarrhea and safe delivery kits, micronutrients<br>• Improve access to IMNCI<br>• Improve access to and use of safe water to prevent diarrhea<br>• Introduce new vaccines<br>• Support and sustain high coverage of Vitamin A and immunization<br>• Develop and implement an urban program to reach the under-served urban slum children<br>• Link with Education program for school nutrition, hygiene and hand washing, immunization | | • Postnatal visits 18.5% to 50%<br>• Exclusive breastfeeding up to 6 months 43 to 50%<br>• Percent measles coverage 82 to 90%<br>• % of children (0-59 months) with pneumonia receiving antibiotics 37% to 50% |
| **Delivery Approaches** | **Near term (2011-12) and Medium term (2013-15):** | | |
| | • Services by NGO and private clinics<br>• Services by public sector district, sub district facilities, community clinics<br>• Community based approaches<br>• Behavior change and communication | | |

| | |
|---|---|
| | • National level policy dialog and advocacy<br>• Global Development Alliance with multinational corporations |

## BEST Action Plan Results Framework Table: Nutrition

| USAID/ Country BEST Program: Nutrition | | |
|---|---|---|
| **Goal** | **Reduce Under-Nutrition** | |
| **Goal Level Targets & Indicator** | **Indicators** | **Impact Targets-2015** |
| | % of children underweight | 33% (41% baseline in 2007) |
| **National Priority** | **Priorities** | **Plans** |
| | To reduce child stunting from 43% to 38%. | HPSDP |
| **Strategy** | | |
| | **Near term (2011-12) and Medium term (2013-15):** | **2010 Baseline/ 2015 Outcome Targets** |
| **Principal Interventions** | • Strengthen nutrition systems through capacity strengthening and integration of Community Management of Acute Malnutrition into the health system.<br>• Increase innovation and research focused on urban nutrition, social business enterprises, and diet quality and diversification<br>• Develop a multi-faceted advocacy strategy for increased attention and government support of nutrition, including community based management of acute malnutrition (CMAM)<br>• Integrate and strengthen maternal and child nutrition activities in existing USAID-supported health, agriculture, education, and GOB programs<br>• Innovate and deepen Social and Behavior Change Communication in maternal and child nutrition Strengthen the capacity of key local institutions including the Government of Bangladesh<br>• Implement research on a lipid-based nutrient supplement (LNS) to prevent chronic malnutrition | % of children 6-23 months fed with all Infant and Young Child Feeding (IYCF) practices<br>• 41.5% /52% |
| **Delivery Approaches** | **Near term (2011-12) and Medium term (2013-15):** | |
| | • Services: NGO/private clinics, public sector district, sub district, community clinics<br>• Community based approaches<br>• Behavior change and communication<br>• National level policy dialog and advocacy | |